

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-879)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1				51					101	
2							52					102	
3							53					103	
4							54					104	
5							55					105	
6							56					106	
7							57					107	
8							58					108	
9							59					109	
10							60					110	
11							61					111	
12							62					112	
13							63					113	
14							64					114	
15							65					115	
16							66					116	
17							67					117	
18							68					118	
19							69					119	
20							70					120	
21							71					121	
22							72					122	
23							73					123	
24							74					124	
25							75					125	
26							76					126	
27							77					127	
28							78					128	
29							79					129	
30							80					130	
31							81					131	
32							82					132	
33							83					133	
34							84					134	
35							85					135	
36							86					136	
37							87					137	
38							88					138	
39							89					139	
40							90					140	
41							91					141	
42							92					142	
43							93					143	
44							94					144	
45							95					145	
46							96					146	
47							97					147	
48							98					148	
49							99					149	
50							100					150	
TOTAL IND.													
TOTAL DEP.													
TOTAL CLAIMS													

13
89
52